

BEHAVIORAL HEALTH SERVICE EXPANSION PROGRESS UPDATE

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This newsletter publication is produced by the Office of Mental Health, Substance Abuse and Addiction Services of the Nebraska Department of Health and Human Services.

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OLMSTEAD AND LB 692 –

TWO INITIATIVES – ONE GOAL

In recent months, a number of inquiries have been made about what Nebraska is doing to address the Olmstead Decision.

The Olmstead Decision sprang from a court case in Georgia and presented to the United States Supreme Court in 1999, in which it was determined holding individuals in institutional settings when they had been deemed ready for community living was a violation of their civil rights under the Americans with Disabilities Act.

LB 692 and the funds for expanding services to individuals in the Mental Health and Substance Abuse was timely in its relation to the state's need to address the issues raised in the Olmstead Decision.

It has been clear from the onset of the public dialogue that triggered LB 692 that lack of sufficient community services is at the root of both the backlog of individuals waiting for Regional Center services and the problems faced in arranging for their return to their home communities.

Nebraska's response to Olmstead and the new services being developed through LB 692 and Tobacco Funds are now part of the same initiative.

Two other initiatives are also in progress that are directly tied to Olmstead. Housing and employment are also critical to successful return to the

community. The Nebraska Mental Health Planning and Evaluation Council has chartered two groups to assess, make recommendations, and develop implementation strategies for these concerns. The Housing Coalition conducted a forum in January to stimulate a statewide dialogue and initiate local action in the target communities of Lincoln, Omaha, Norfolk, and Hastings. Employment 2003 Task Force met and made recommendations in 2001 which were endorsed by the Council. Phase two of that effort is beginning this Spring.

For more information on Olmstead, its relationship to LB 692, or the Housing and Employment 2003 initiatives, visit the Behavioral Health Web Site at www.hhs/state.ne.us.

LB 692 AND SPECIAL POPULATIONS-CRIMINAL JUSTICE

Several of the Regions targeted special populations in prioritizing and planning for service expansion under LB 692.

Regions II, III, IV and V all earmarked outpatient assessment and treatment funds for individuals referred by the Criminal Justice System.

Much has been written nationally in recent years about the growing numbers of individuals in the criminal justice system for

substance abuse or dependent related crimes. A task force formed by the Governor in 1999 identified the need for more substance abuse services and better coordination between substance abuse services and the criminal justice system as a priority need for Nebraska. Increased services to this special population was one of the expectations targeted by the Governor and the legislature.

Expanded services in Region VI have also resulted increased service to criminal justice clients. More than two thirds of the additional capacity in Intensive Outpatient Services has been used by individuals referred by the courts in the two months since it opened.



HIGHLIGHTS FROM THE REGIONS

REGION II NORTH PLATTE



REGION IV NORTH CENTRAL & NORTH EAST NORFOLK & COLUMBUS

REGION VI OMAHA METRO AREA & SURROUNDING COUNTIES

All over the state new services using LB 692 funds are beginning to take shape . Here are highlights from three of the Regions.

-
- ◇ Region II added Short Term Residential for substance abuse through St . Monica's.
 - ◇ Client Centered Support, persons in Assisted Living and Respite Care at Pawnee Hotel is in place and is serving 21 new consumers.
 - ◇ Coordinated Emergency Support through Richard Young Hospital has not yet started.
-
- ◇ Community Support for Substance Abuse has been added by BHS (October 2001) and by Sandhills (November 2001), serving an additional 30 new people since start up. Community Support for consumers with individuals with severe and persistent mental illness has also been added by Sandhills , serving an additional 21 since start up in November 2001.
 - ◇ Sandhills added Day Rehabilitation Services in January, increasing services by 17 people.
 - ◇ SOS Place added Short Term Residential Services and Detox for Substance Abuse. Short Term Residential has served 26 additional people and Detox has served 14 since expanding in September.
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As of the end of March, the following service expansion had occurred in Region VI:

- ◇ Urgent Outpatient and Urgent Medication Management started January 2, to assure a person in crisis is seen within 24 hours. Lutheran Family Services is the provider. The first month 20 people were served in Urgent Care. In February 47 were seen and in March, 49 people.
- ◇ Additional Substance Abuse Intensive Outpatient was added January 2, to increase available non residential treatment for substance abusers. These services are also provided by Lutheran Family Services. Through March, 31 people have been served in the new program, many of them referred by the criminal justice system.
- ◇ Social Detox has been enhanced to allow for more people , including those with minor medical needs to be served. Campus of Hope (Catholic Charities) is the provider. Eight more

beds were also added.

- ◇ Community Support services for 20 more individuals with severe and persistent mental illness will be provided by Salvation Army, with a start date of March 1.
- ◇ Additional Day Rehabilitation services were added on-site at the residential sites established for the former residents of the Paxton, starting January 1.

A new Crisis Center program for residential short term stabilization of individuals in crisis has been proposed, but at this time there is no identified provider.



POST COMMITMENT DAYS PROGRESS UPDATE

In order to measure the progress toward eliminating Post Commitment Days (number of days individuals who have been committed by the local Mental Health Board must wait to obtain admission into residential services) the Office is tracking two sets of data.

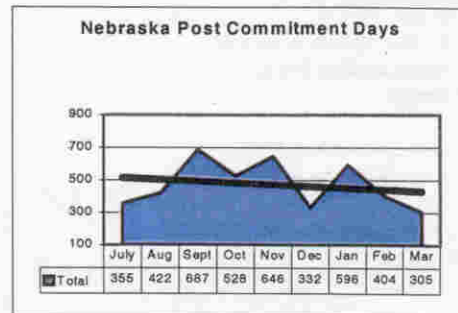
First, the Regional Centers are collecting data on the time between commitment and Regional Center Admission. (See chart. In left column.) Second, providers of Emergency Protective Custody are reporting the same information through the Magellan registration and authorization process required for reimbursement. This information should capture all post commitment days through the Regional system, including commitments to other residential settings.

The Magellan data system was brought on board January 1.

The number of Post Commitment Days registered in January was 228. However, some providers are still learning the registration system, and the initial January figures are not believed reflective of actual numbers.

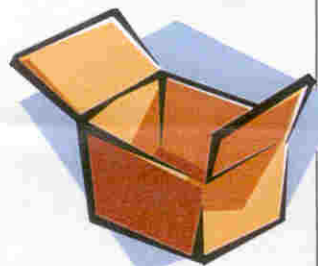
Each month, as new services are added and become operational around the state, the number of post commitment days will be monitored for an anticipated decrease.

Stay tuned.



Regional Center Post Commitment Days Data: The chart's drop in December is a seasonal anomaly. Note the trend line showing general decline in monthly post commitment days.

"OUTSIDE THE BOX" NEW APPROACHES TO EMERGENCY INTERVENTION



With the expectation that more must be done to prevent or intervene in a person's illness to avoid commitment to regional facilities and increase supports and treatment in his or own community, several regions included new emergency intervention components in their service expansion plans.

Region I, with its small population covering a large geographic area, has developed 2 crisis response teams, one for the northern Panhandle and one for the south. The Crisis response teams

work with the police by traveling to the community to complete a full assessment of needs, avoiding lengthy and sometimes unnecessary drives for the police and the consumer.

Region III is adding a special Crisis Intervention to serve Adams, Buffalo & Hall Counties.

Region II is adding Emergency Support for individuals in crisis.

Region VI has chosen to address the high number of people (more than 100 on any given day) waiting for initial outpatient

visits. Many of those people, the Region believes, were getting worse waiting for community services, and ended up in Emergency Protective Custody by default. Region VI added an Urgent Outpatient and Urgent Medication Management program which assured people who appeared to be headed for a crisis could be seen within 24 hours. The Region is also moving away from a separate evaluation/assessment facility and working toward the development of a new crisis center model.

THE REGIONAL CENTER ROLE IN LB 692

Goal: Reduce the lengths of stay at inappropriate levels of care by 25% by June 30, 2003.

Since November 2001 Regional Program Administrators, CEO's of the three Regional Centers, and Office of Mental Health, Substance Abuse & Addiction Services staff have been meeting regularly on the "Transition Project", identifying strategies and action steps to improve the Regional Center - community communication and interface for people going into and coming out of the Regional Centers.

The group has selected two goals.

1. Eliminate Post Commitment Days by June 30, 2003. (See Article on Post commitment Days)

2. Reduce the lengths of stay at inappropriate levels of care by 25% by June 30, 2003.

The project is developing methods to track, moni-

tor and report more accurately Admissions to both the Regional Centers and private inpatient hospitals; the number of residents in Regional Centers and private inpatient hospitals, and the type of referral or placement at the time of discharge.

This is the first step in getting a clear picture of the current problem and tracking our progress. Training will also be provided for Regional Center staff, community providers, Mental Health Boards, Regional Office staff, Assisted Living Facility staff and nursing home staff, to improve understanding of the system, appropriate service management for individuals and matching consumer safety and treatment needs to available resources.

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ACCOMPLISHMENTS & NEXT STEPS

Accomplishments this quarter:

- ⇒ More than 75% of the new services developed under LB 692 Funding are up and running. More people are already being served.
- ⇒ Transition Project is developing plans to decrease inappropriate placements.

Next Steps:

- ⇒ Complete the planning process for the Transition Project and begin implementation.
- ⇒ Monitor impact of the new services on the number of post commitment days, number of emergency protective custody cases, and other outcome measures identified.

NUMBER OF NEBRASKANS SERVED IS INCREASING

The Office of Mental Health, Substance Abuse and Addiction Services is closely monitoring the numbers of individuals served. Of particular importance is whether the new and expanded services funds are really resulting in additional persons receiving community based services, and whether those services are matched by a decrease in demand for

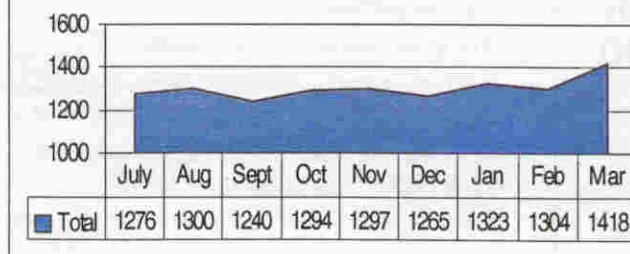
emergency and Regional Center services.

Some results are beginning to

surface.

Community Support figures show a 11% increase in the number served since the beginning of the fiscal year.

**Comm Supp MH Persons Served
Statewide**



The number of people receiving Intensive Outpatient Services for Substance Abuse grew from 125 in July to 153 in March for an overall increase of 22%.